

**CERTIFICATION**

State law requires certification by the owner or officially authorized representative. Please print all information except signature.

Name of building \_\_\_\_\_

Property address \_\_\_\_\_

Type of project or building \_\_\_\_\_

Owner(s) Name(s) \_\_\_\_\_

**All information, including the accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief are true, correct, and complete.**

Management firm \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ E-mail \_\_\_\_\_

**A. BUILDING INFORMATION**

Estimate of NLA .....	SF
Number of stories .....	SF
Below grade space .....	SF

**B. PHYSICAL VACANCY INFORMATION**

Rentable space vacant January 1, 2022 .....	SF
Rentable space vacant January 1, 2021 .....	SF

**C. ASKING RENT INFORMATION**

Current ASKING rent per sq. ft. for vacant space .....

Has there been a professional appraisal on this real property in the last five years?

Yes    No

If yes, appraiser's estimate of value: \$\_\_\_\_\_ Date of value \_\_\_\_\_

**D. ANNUAL INCOME (Calendar Year 2021)****Rental Income:**

01 Potential rental income .....	_____
02 Sales of utilities/services .....	_____
03 Other rental income (Specify: _____)	_____
04 Income loss from vacancy (2021) .....	_____
05 Income loss from bad debts (2021) .....	_____
06 Actual rental income received (Sum of Lines 01-03 Less Sum of Lines 04-05) .....	_____

**Other Income:**

07 Common area maintenance reimbursement .....	_____
08 Interest income .....	_____
09 Insurance income .....	_____
10 Operating expense reimbursement .....	_____
11 Tax escalation or reimbursement .....	_____
12 Parking and special areas .....	_____
13 Other rental income (Specify: _____)	_____
14 Miscellaneous (Specify: _____)	_____

15 Miscellaneous (Specify: \_\_\_\_\_)  
16 Miscellaneous (Specify: \_\_\_\_\_)  
17 Total Other Income (Sum of Lines 07-16) .....  
**18 TOTAL ACTUAL INCOME (Sum of Line 06 and Line 17)** .....

#### E. CAPITAL IMPROVEMENTS, RENOVATIONS

Have there been capital improvements or capital renovations to the property during this reporting period?

Yes  No

If yes, please provide total cost here and attach a detailed list on a separate page.

Reflect only the capital costs that were actually in calendar years 2020 & 2021.

TOTAL COST \$ \_\_\_\_\_

#### F. ANNUAL OPERATING EXPENSES (Calendar Year 2021)

##### Utilities:

19 Water and sewer .....  
20 Electricity (excludes HVAC) .....  
    Electricity (includes HVAC) .....  
21 Primary heating fuel (Specify: \_\_\_\_\_)  
22 Other fuel (Specify: \_\_\_\_\_)  
**23 TOTAL UTILITIES (Sum of Lines 19-22)** .....

##### Maintenance and Repairs (excluding capital expenditures or tenant improvements)

24 Maintenance payroll (including payroll taxes and benefits) .....  
25 HVAC repairs .....  
26 Electric/plumbing repairs .....  
27 Elevator repairs .....  
28 Roof repairs .....  
29 Other common area or exterior repairs .....  
30 Miscellaneous repairs (Specify: \_\_\_\_\_)  
**31 TOTAL MAINTENANCE & REPAIRS (Sum of Lines 24-30)** .....

##### Management and Administrative:

32 Management fees .....  
33 Other administrative/payroll (including payroll taxes and benefits) .....  
34 Leasing fees .....  
**35 TOTAL MANAGEMENT AND ADMINISTRATIVE (Sum of Lines 32-34)** .....

##### Services:

36 Janitorial/cleaning (payroll/contract) .....  
37 Landscape (grounds maintenance) .....  
38 Trash .....  
39 Security .....  
40 Snow removal .....  
**41 TOTAL SERVICES (Sum of Lines 36-40)** .....

##### Insurance and Taxes (excluding payroll taxes): .....

42 Insurance, fire, casualty (one year) .....  
43 Other taxes, fees .....  
44 Real estate taxes .....  
**45 TOTAL INSURANCE AND TAXES (Sum of Lines 42-44)** .....

**46 TOTAL OPERATING EXPENSES (Sum of Lines 23, 31, 35, 41, 45)** .....

**G. NET OPERATING INCOME (Line 18 minus Line 45)** .....